	E / OFFICEHOLDER		3566 FORM C/OH COVER SHEET PG 1
- The C/OH INSTRUCTION	N Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST	MI A SUFFIX	OSSIGEUSEONE?
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: PO BOX 180896 A	CITY: STATE: ZIP CODE	
5 CAMPAIGN TREASURER NAME	TITLE FIRST THOMAS NICKNAME LAST TOM CAGUEY	SUFFIX	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SE	UITES, CITY; STATE,	ZIP CODE 25 5 7 7 7 8 7 13 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	5 PH •
8 REPORT TYPE	January 15 30th day before election July 15 Bth day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRO	OUGH 6 / 30	0 / 9 7
10 ELECTION	ELECTION DATE Month Day Year 3 /10 / 98 Primary		General Special
11 OFFICE	OFFICE HELD (# any)	12 OFFICE SOUGHT (If let	iown)
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exp Candidates are required to disclose this information Name	enditures made by others without the conly if they receive notification of the c	candidate's prior consent or approval. direct campaign expenditure. **
additional pages	Address / PO Box; Apt. / Suite #, City; State,	Zip Code	
•	G O ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

•			
14 C/OH NAME			15 ACCOUNT # (Ethics Commission filers)
NATHINA	1.ZOOK		
16 SUPPORTING POLITICAL COMMITTEE(S)	- This listing incluing have been made with	des political expenditures by political committees to support the candidate four the candidate's or officeholder's knowledge or consent. Candidates a by receive notice of such expenditures. ••	e / officeholder. These expenditures may not officeholders are required to report this
		COMMITTEE NAME	
:	COMMITTEE TYPE		
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		· ·
·		COMMITTEE CAMPAIGN TREASURER NAME	
	1		
additional pages	:		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidave bel	ow and submit pages 1 and 2 only)
18 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	PLEDG	ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50
	2. TOTAL	POLITICAL CONTRIBUTIONS	
	OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 275
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$
,			
,	4. TOTAL	POLITICAL EXPENDITURES	
•			\$
OUTSTANDING		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS,AS OF TH AY OF THE REPORTING PERIOD	#E \$
LOAN TOTALS	LASID	AT OF THE REPORTING FERIOD	Φ
	<u> </u>		
19 AFFIDAVIT		•	
100000000		I swear, or affirm, that the accompa	nying report is true and correct and
C. T. T.		includes all information required to t	be reported by me under Title 15,
	BRENDA J. DOY Notary Public, State of	(EXAS	
	My Commission Expires Jan	.9,2601	
THO THE		no en	
-		fatte 11 Jast	
	il.	Signature of Cand	idate or Officeholder
	14 °		•
AFEN MOTADA	STAMP / SEAL ABOVE	•	
<u> </u>		i = i - i	- U
Sworn to and subscribes	i hafara ma hu tha s	aid NAHE H. ZOOK this the	15 day of Chely
Sworn to and subscribed	reiore me, by me s	•	
19 / to certify w	vhich, witness my ha	nd and seal of office.	•
1	. ~/	, _	0 -
Aund		we Browds Thing	NATARU Willie
Signature of officer	administerno cath	Print name of officer administering oath	Title of officer adjhinistering oath
	7,	V	

POLITICAL CONTRIBUTIONS

SCHEDULE A

The โหราสบตากด Guide explains how to complete this form.		1 Total pages Sche	1 Total pages Schedule A:		
FILER NAME	1. H Z-22+	·	3 ACCOUNT # (E#	nics Commission filers)	
Date	5 Full name of contributor	out of state PAC	7 Amount of Ticontribution (\$)	8 In-kind contribution description(if applicable)	
6/30/97	MECISSA. Von Go7 6 Contributor address; City: Sta	TTEN	50	•,•,•	
	8805 DAMMINDEE CINCLE AINT	TX 78757			
Principal occupa		10 Employer (optional)) 		
Date	Full name of contributor	Out of state PAC	Amount of , contribution (\$)	In-kind contribution description(if applicable)	
	Contributor address; City; Str	ate; Zip Code		 	
	. ,			· 	
Principal occupa	ation	Employer (optional))		
Date	Full name of contributor	uul of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
.*	Contributor address; City; St	ate; Zip Code		<u>.</u>	
				· 	
Principal occup	alion	Employer (optional)		
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Contributor address; City; St	ate; Zip Code		 -	
Principal occup	stion	Employer (optional)		
Date	Full name of contributor	Dut of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Contributor address; City; S	tate; Zip Code	•	<u> </u>	
		·			
Principal occup	alion	Employer (options	in)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS			SCHEDULE A
The Instruction	אס Guide explains how to complete this form.		1 Total pages Sched	lule A:
2 FILER NAME NATHAN	Zook	·	3 ACCOUNT # (Em)	cs Commission filers)
4 pate 6/28/07	5 Full name of contributor	Dut of state PAC	7 Amount of Ticontribution (\$)	8 In-kind contribution description(if applicable)
0,00,41	6 Contributor address: City: State: Zip Code 16420 KNOTTINGUAN TX T8 OR PELVEGNYLLE	660	25	•
9 Principal occupal	tion	10 Employer (optional)		
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
Principal occupat	tion	Employer (optional)	<u> </u>	
Date	Full name of contributor	Dust of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
Principal occupa	lion	Employer (optional)		
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code	•••••		
•			1	<u> </u>
Principal occupa	tion	Employer (optional)		
Date	Full name of contributor	Dut of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
; ; ;	Contributor address: City; State; Zip Code			
Principal occupa	tion · · · ·	Employer (optional)		
If contr	ATTACH ADDITIONAL COPIL ibutor is out-of-state PAC, please see inst			ng requirements.

•	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	•		SCHEDULE A
The Instruct	non Guide explains how to complete this form.		1 Total pages Sched	Jule A:
2 FILER NAME	~ Zook		3 ACCOUNT # (EM	ics Commission filers)
4 Date	5 Full name of contributor	Out of state PAC	7 Amount of Ti contribution (5)	8 In-kind contribution description(if applicable)
	6 Contributor address; City; State; Zip Cod	ie		•. • • •
	•			·
9 Principal occup	action	10 Employer (optional)	
Date	Full name of contributor	Out of state PAC	Amount of , contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Cod			
Principal occup	pation	Employer (optional)	
Date	Full name of contributor Contributor address; City; State; Zip Cox	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occup	palion	Employer (optional)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	in-kind contribution description(if applicable)
	Contributor address; City; State; Zip Cox		·	
÷			4	\$
Principal occup	petion	Employer (options	ŋ	
Date 6 / 28 / 9 7	Full name of contributor RODENT PIGG Contributor address; City: State; Zip Co 21944 BRIANCLIPF DE BRIANCIPF	□ out of state PAC de 78669	Amount of contribution (\$)	In-kind contribution description(if applicable)
Principal occur	•	Employer (options	on .	-
if con	ATTACH ADDITIONAL CO tributor is out-of-state PAC, please see in	PIES OF THIS FORM struction guide for	AS NEEDED additional report	ing requirements.

1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission filers) Amount of Ti Date 5 Full name of contributor Out of state PAC In-kind contribution description(if applicable) 6/25/97 6 Contributor address; AZALEATR. AUSTIN Principal occupation 10 Employer (optional) 1 FTAILER In-kind contribution Date Amount of Full name of contributor Out of state PAC contribution (\$) description(if applicable) Contributor address; City: State; Zip Code Employer (optional) Principal occupation Amount of In-kind contribution Date Out of state PAC Full name of contributor contribution (\$) description(if applicable) City: State: Zip Code Contributor address: Employer (optional) Principal occupation In-kind contribution Amount of Date Full name of contributor Out of state PAC contribution (\$) description(if applicable) City; State; Zip Code Employer (optional) Principal occupation In-kind contribution Amount of Out of state PAC Date Full name of contributor contribution (\$) description(if applicable) City; State; Zip Code Contributor address: Employer (optional) Principal occupation ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	•	· · · .	SCHEDULE A
The Instruction	N Guide explains how to complete this form.		1 Total pages Sched	ule A:
2 FILER NAME NATHA	~ Zook		3 ACCOUNT # (EPIK	a Commission filers)
4 Date	5 Full name of contributor	Dut of state PAC	7 Amount of 7 contribution (\$)	8 In-kind contribution description(if applicable)
	6 Contributor address; City; State; Zip Cod	e		•.··.·· •
9 Principal occupa	lion	10 Employer (optiona	1)	
Date	Full name of contributor	Out of state PAC	Amount of . contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Cod	• • • • • • • • • • • • • • • • • • •	.	
Principal occupa	ltion	Employer (optiona	l)	
Date	Full name of contributor Contributor address; City; State; Zip Coc	out of state PAC	Amount of contribution (\$)	In-kind contribution description(If applicable)
Principal occupa	ation	Employer (options	BI)	
Date Classian	Full name of contributor TORMA CLARY	Out of state PAC	Amount of contribution (\$)	in-kind contribution description(if applicable)
	Contributor address: City: State: Zip Cox 6723 BE AUFORD DR AUSTUM 78	1e 750	100	•
Principal occupa		Employer (option	el)	
Date	Full name of contributor	Dut of state PAC	Amount of contribution (\$)	in-kind contribution description(if applicable)
	Contributor address; City; State; Zip Co	de		
Principal occup	ation	Employer (option	nai)	
If cont	ATTACH ADDITIONAL CO	PIES OF THIS FORI	M AS NEEDED r additional report	ing requirements.

LOANS				463-5800 1-800-325- SCHEDULE E
The Instruction Gu	IDE explains how to complete this form.		1 Total pages Sch	edule E:
FILER NAME			3 ACCOUNT # (EI	hics Commission filers)
NATHAN	2004			•
7 - 71 11112			- 	
	TOTAL OF UNITEMIZED LOANS:	* * * *	\$	\$
Date of loan	7 Name of lender	Out of state PAC	:	9 Loan Amount (\$)
6/18/97	NATHON ZOOK			250
Is lender a		Zip Code	• • • • • • • • • • • • • • • • • • • •	1 0 Interest rate
_	Austin TX 78718	•		
Y Ø	1, 21/18			11 Maturity date
Description of Collect				WHEN PAID
Description of Collate	rai	•		
D none				
GUARANTOR INFORMATION	14 Name of guarantor			1 6 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code	•••••••	
Principal Occupation		1 8 Employer		
Date of loan	Name of lender	out of state PAC		Loan Amount (\$)
Is lender a financial Institution?	•	Zip Code	• • • • • • • • • • • • • • • • • • • •	interest rate
Y N	·			Maturity date
Description of Collate	ral .		1	
none		- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	•	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address: City: State;		• • • • • • • • • • • • • • • • • • • •	
not applicable	Guarantor address; City; State;	zip Code		
Principal Occupation		Employer		
		· · · · · · · · · · · · · · · · · · ·		
	ATTACU ADDITIONAL CO	DIEG OF THIS EODS! A	e Needed	
- If lender	ATTACH ADDITIONAL COI			requirements.

1-800-325-8506

P.O. Box 12070 Austin, Texas 78711-2070

	AL EXPENDITURES ROM PERSONAL FUNDS	,	: ,-	SCHEDULE G	
The INSTRUCTION GUIDE explains how to complete this form.			dute G:		
2 FILER NAME		3 ACCOUNT # (Eth	ica Comm	nission filers)	
4 Date	5 Payee name, Thaus County Republican Panty 6 Payee address: City: State: Zip Code 1300 W Kornig 78756 LN. 7X	' '	8	Amount (\$)	
	7 Purpose of expenditure PARTY FUNDAMISKA			Reimbursement from political contributions intended	
Date	Payee name Payee address; City: State; Zip Code Purpose of expenditure			Amount (\$) Reimbursement from political contributions intended	
Date	Payee name Payee address; City: State: Zip Code			Amount (\$)	
	Purpose of expenditure			political contributions intended Amount	·
Date	Payee address: City: State: Zip Code Purpose of expenditure	į		(\$) Reimbursement from political contributions intended	es.
Date .	Payee name Payee address; City; State: Zip Code			Amount (\$)	
	Purpose of expenditure ATTACH ADDITIONAL COPIES OF THIS FORM	I AS NEEDED		Reimbursement from political contributions intended	¥